

## APPLICATION FORM

### FY2006 Indiana Arts Commission Regional Arts Partnership Grant Program

Refer to the instruction packet that explains each question and will help you complete this application.

#### SECTION A. GRANT REQUEST INFORMATION

1. Grant Program: APPLY FOR ONE ONLY  
☐ Arts Organization Support: \_\_\_\_ Level I \_\_\_\_ Level II  
☐ Arts Project Support ☐ Mini-Grant
2. Amount Requested \$ \_\_\_\_\_
3. Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Name of JCAC staff person consulted about this application:

#### SECTION B. APPLICANT INFORMATION

1. LEGAL NAME:
  2. Address (Street, City, State, Zip and Plus Four Extension), County:
  3. Telephone: FAX: E-mail:
  4. Contact Person:  
Telephone: FAX: E-mail:
  5. Authorizing Official who Signs Application (Include Name, Title, and Telephone)
  6. Federal Employer Identification Number:
  7. Applicant Institution: \_\_\_\_ (See Appendix E)
  8. Applicant Status: \_\_\_\_ (See Appendix E)
  - 9-11. Legislative Districts: Based on your street address, enter one legislative district number for each of the government branches listed below. The Regional Arts Partners are the recipient of funds from the State and Federal government via the Indiana Arts Commission. If you do not know your correct district numbers go to [www.vote-smart.org/index.phtml](http://www.vote-smart.org/index.phtml) to find the information based on your ZIP+4 or contact your county voter registration office. Do **not** leave this question blank.
- State House District #: \_\_\_\_ State Senate District #: \_\_\_\_ U.S. Congress District #: \_\_\_\_
12. Is the Applicant serving as a Fiscal Sponsor: (APS only) ☐ No ☐ Yes  
If "Yes", for whom: *Include Name, Address, Telephone, FAX #, County, and Township*

#### SECTION C. COMPLIANCE STATEMENT

The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person the basis of race, color, national origin, gender, age, religion, or physical or mental disability.

\_\_\_\_\_  
Signature, Authorizing Official

\_\_\_\_\_  
Date Signed

#### SECTION D. DEMOGRAPHIC INFORMATION

The Indiana Arts Commission requires the following data about your project. Estimates are acceptable. You will report actual figures on the final grant report. If the applicant is a fiscal sponsor, provide information about the sponsored organization only.

##### NUMBER AND CHARACTERISTICS OF PEOPLE SERVED

Characteristic	All Person Served	Governing Body (Board)	Staff, Members & Volunteers	Artists Served
<b>RACE/ETHNICITY</b>	<b>NUMBER</b>	<b>NUMBER</b>	<b>NUMBER</b>	<b>NUMBER</b>
a. American Indian/Alaska Native				
b. Asian				
c. Black/African American				
d. Hispanic/Latino				
e. White, not Hispanic				
f. Native Hawaiian/Pacific Islander				
g. Total				
<b>AGE</b>				
h. Total Children (under 18)				
i. Total Seniors (over 65)				
<b>DISABILITY</b>				
j. Total Persons with Disabilities				

##### PROGRAM SPECIFIC QUESTIONS.

Is funding sought primarily for presenting or touring? This is defined as grants or services resulting in the movement of artists or artworks for performances, reading, screening, exhibits, etc., in different geographic areas. Use this code to indicate funds awarded for either the hosting/presentation of works originating outside of the grantee community or for the fees paid to artists or arts organizations that will, themselves, be touring in different areas.

☐ YES ☐ NO

##### ARTS EDUCATION INFORMATION-**PLEASE CHOOSE ONLY ONE**

☐ Less than 50% of this project's activities are arts education, an organized and systematic educational effort with the primary goal of increasing an identified learner's knowledge of and/or skills in the arts with measurable outcomes. Please indicate to whom the outcomes are directed (select all that apply):

- ☐ K-12 Students
- ☐ Higher Education Students
- ☐ Pre-Kindergarten Children
- ☐ Adult Learners (including teachers and artists)

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- ☐ Higher Education Students
- ☐ Pre-Kindergarten Children
- ☐ Adult Learners (including teachers and artists)

☐ This project does not involve Arts Education.

1. Which arts related goal(s) does this project address?

2. Type of Activity: \_\_\_\_\_ 3. Discipline: \_\_\_\_\_ - \_\_\_\_\_  
(See Appendix E) (See Appendix E)

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## SECTION F: APPLICATION NARRATIVE FOR APS/AOS ONLY

### ABOUT THE ORGANIZATION

In items 1 -4, if the applicant is a fiscal sponsor, respond about both organizations.

1.     Mission Statement.  
What is the mission and primary purpose of your organization?
2.     Governance and Management.  
Describe the responsibilities of your volunteer governing body. How often does the board meet? Who is responsible for the daily operations of the organization? How was this person selected?
3.     Financial Status.  
Describe your current financial position; include an explanation of any significant changes in your operating budget over previous years. What plans are in place for long-term resource development and/or current deficit reduction?
4.     Past Programming.  
Describe past programs and services as they relate to this application. Include target audiences and special populations served.

### ABOUT THE PROJECT

“Project “ refers to the activity/ies for which funding is being requested: a distinct activity (APS applicants) or a full year of services (AOS applicants).

5.     Goals and Activities.  
What is the goal of this project? Describe what you plan to do, when the project will occur, where the project will take place, and how the activities will happen.
6.     Personnel.  
Who are the artists, ensembles, artistic resources, and other key personnel to be involved? How and why were these people selected? Who will manage the project? How and why was the project manager selected?
7.     Educational Efforts.  
Describe the educational goals and activities of the project. Describe briefly your organization’s arts education philosophy and outreach activities. Include educational activities for children and adults that will take place outside school-based settings.
8.     Needs Assessment.  
Why did you decide to offer this project? Explain how the project is directly related to your mission and long-range plans. Who is the target audience for this project? How do you know that the community, especially the target audience, wants and supports the project?

9.      Promotion and Accessibility.  
Describe marketing, media, and other promotional activities. How will you reach and involve underserved populations, including people with special needs? Discuss briefly your organization's accessibility provisions.
10.     Outcomes and Evaluation.  
Describe your plan for evaluating the value and impact of the project, including methods, activities, and timetable. Describe how past evaluation findings have been used to improve programs and services.
11.     Use of Funds and Contingency Plan.  
Specify how these funds will be used. How will the project be affected if you do not receive the total amount of the funding requested in this application? Describe how the project might be changed to accommodate a lower funding level.

#### SECTION G: PROJECT TIMETABLE

Use the following format to provide information on the planning of your project. Include the names of all persons assigned tasks working towards the completion of the project, or for the support of the organization's many tasks. Provide dates of planning meetings, work sessions, performances, etc.

Task	Personnel Responsible	Deadline
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## SECTION H: Budget Summary

APS: Provide project budget only.

AOS: Provide FY2004 annual operating budget.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
1. Personnel-Administrative	\$	\$	\$
2. Personnel-Artistic			
3. Personnel-Technical/Production			
4. Outside Artistic Fees and Services			
5. Outside Other Fees and Services			
6. Space Rental			
7. Travel/Transportation			
8. Marketing/Publicity/Promotion			
9. Remaining Operating Expenses			
10. Capital Expenditures-Acquisitions			
11. Capital Expenditures-Other			
*12. TOTAL Cash Expenses	\$		
13. TOTAL In-kind		\$	
+14. Total Project/Operation Expenses (add lines 12 and 13)			\$
ESTIMATED INCOME	\$		
15. Admissions			
16. Contracted Services Revenue			
17. Other Revenue			
18. Corporate Support			
19. Foundation Support			
20. Other Private Support			
21. Government Support-Federal			
22. Government Support-Regional/State			
23. Government Support-Local			
24. Other Applicant Cash			
25. Total Non-RAP Cash Income--sources other than this grant program (add lines 15 through 24)			
26. Regional Arts Partnership Grant Request			
*27. Total Cash Income (add lines 25 and 26)			
28. Total In-kind (from line 13)			
+29. Total Project/Operation Income (add lines 27 and 28)			\$

\* Line 27 (Cash Income) MUST EQUAL Line 12 (Cash Expenses)

+ Line 29 (Total Income) MUST EQUAL Line 14 (Total Expenses)

## SECTION I: Budget Line Item Detail

Provide a detailed line-by-line explanation of the budget, identifying what expenses and income (by source) are included in each segment of the budget. Provide sufficient detail so that reader can easily identify how the amount listed for each line item was derived. Follow the same sequence as in the Budget Summary. Refer to Appendix D, page 25-27, for an example of the required level of detail.

SECTION J: Accessibility Statement

All applicants must complete this form.

THE APPLICANT, \_\_\_\_\_:  
(insert name of applicant organization here)

- ASSURES that all arts programs, services, and activities made possible with Regional Arts Partnership funding and all facilities in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.

- ASSURES that this warranty is based on: (check all applicable)

\_\_\_\_\_ Independent accessibility assessment, completed by:  
\_\_\_\_\_  
(name, title, date)

\_\_\_\_\_ Applicant self-assessment, completed by:  
\_\_\_\_\_  
(name, title, date)

\_\_\_\_\_ Recommendations from a citizen advisory committee,  
composed of persons with disabilities.

\_\_\_\_\_ Other (specify): \_\_\_\_\_

- ASSURES that materials supporting this statement are maintained on file and are available for review.

\_\_\_\_\_  
Signature, Authorizing Official Date Signed

\_\_\_\_\_  
Title of Authorizing Official Telephone Number